

AHS Report on Performance

Q3 2019-20

PERINATAL MORTALITY RATE

AMONG FIRST NATIONS

DEFINITION: The number of perinatal deaths per 1,000 total births among First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death (under 7 days of age).

WHY THIS IS IMPORTANT: AHS' focus is to reduce the health gap between First Nations and non-First Nations. This indicator provides important information on the health status of First Nations pregnant women, new mothers, and newborns. Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of First Nations and Inuit people. The lower the number the better. This measure does not include Métis residents.

Perinatal Mortality Rate Gap, 2018



Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	2018	Trend	2018-19 Target
First Nations	9.46	10.50	10.69	9.64	8.38	8.66	N/A	AHS' focus is to reduce gap between First Nations and Non-First Nations
Non-First Nations	4.98	5.69	5.30	4.62	5.50	5.41	N/A	
Rate Gap	4.48	4.81	5.39	5.02	2.88	3.25	↓	

Trend Legend: ☆Target Achieved ⬆Improvement ⇄Stable: ≤3% relative change compared to the same period last year ⬇Area requires additional focus

Source(s): Alberta Health, as of April 30, 2019
 Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.

Improve Patient and Population Health Outcomes

Objective 6: Improving the health outcomes of Indigenous Peoples in areas where AHS has influence.

WHY THIS IS IMPORTANT

Alberta's Indigenous peoples, many of whom live in rural and remote areas of our province, have poorer health than non-Indigenous Albertans. AHS is building a better understanding of how historical effects and cultural care differences impact these outcomes.

Working together with Indigenous communities, the AHS Wisdom Council, and provincial and federal governments, we will adapt services to better meet the health needs of Indigenous peoples.

AHS PERFORMANCE MEASURE

Perinatal Mortality among First Nations is defined as the number of perinatal deaths per 1,000 total births among First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death.

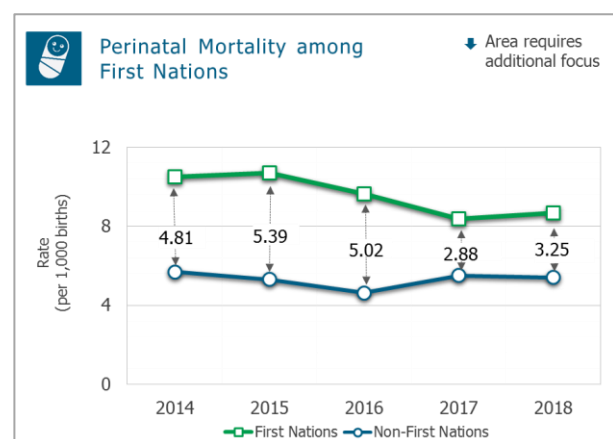
UNDERSTANDING THE MEASURE

This indicator provides important information on the health status of First Nations pregnant women, new mothers, and newborns. It allows us to see Alberta's performance on reducing the disparity between First Nations and non-First Nations populations.

Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of First Nations people.

AHS' focus is to reduce the health gap between First Nations and non-First Nations. The lower the number the better. This measure does not include Métis or Inuit residents.

HOW WE ARE DOING



Source: Alberta Vital Statistics and Alberta First Nations Registry
Note: This measure is reported annually due to data availability.

2018 results indicate that the perinatal mortality gap deteriorated slightly from the 2017 rate. AHS collaborates with many partners and must consider multiple factors to improve this indicator. However, AHS reduced the gap in perinatal mortality between First Nations and Non-First Nations by 35% from 2016. Addressing social determinants of health will influence this measure but change will take time.

WHAT WE ARE DOING

The following are examples of zone initiatives to improve maternal health of Indigenous women:

- **Midwifery** services are available in all zones across the province. Access to maternity services for Indigenous, vulnerable, and rural populations remains a priority area for AHS provincially. Access to midwifery services has been improved through the use of innovative funding models and collaborative workforce planning processes. In Q3, AHS continued to work with Indigenous communities across the province on engagement and outreach programs that provide awareness and education on maternity care. The program is also focusing on improving integration in hospital settings to ensure consistent, quality care for clients.
- **Merck for Mothers** uses community-based programming to enhance the supports available to pregnant Indigenous women to overcome barriers to prenatal care:
 - In Central Zone, Maskwacis continues to focus on the development of a strengths-based, culturally appropriate education program for pregnant women and healthcare providers that highlights strengths of the community and promotes resiliency. In Q3, community health centre staff learned the critical skills needed to care for women during pregnancy, including phlebotomy skills to complete necessary bloodwork closer to home.
 - In inner-city Edmonton, Pregnancy Pathways provide safe housing and support services for pregnant Indigenous homeless women. Clients are given opportunities to attend pow-wows, meet with Elders, attend traditional women's teachings, and utilize a traditional mossbag and swing for carrying the baby in a comfortable and respectful way. As of Q3, the program has 19 clients and 18 healthy babies.
 - North Zone's Little Red River Cree Nation utilizes a community-based support model for maternal health resources and engages women early in pregnancy. In Q3, community relationships continued to be strengthened through teepee teachings and community home visits.

AHS is working with Indigenous leaders, communities, and related agencies to improve access to health care services.

- Program enhancements continue at the [Indigenous Wellness Clinic](#) in Edmonton. In Q3, departments at the Royal Alexandra Hospital (RAH) continued to meet to improve partnerships, cultural safety, and capacity among the departments to improve patient care, health outcomes, and the experience of Indigenous women.
- Improvements are also being made at the [Elbow River Healing Lodge](#) in Calgary. Work continued in Q3 to identify quality improvement initiatives related to clinic and patient processes that could be completed more efficiently.

The [Indigenous Health Strategy and Action Plan](#) which will provide AHS with a mandate for the development of processes, accountabilities, and an organizational culture to support the achievement of health equity for Indigenous peoples in Alberta. In Q3, a final version was socialized with leadership stakeholders across the organization before going to Executive Leadership in Q4.

- South Zone continued to develop an Indigenous patient navigation model (Four Winds Project), with a grant from Alberta Innovates, to co-design and evaluate a navigation service to support Indigenous patients and families. The service is intended to reduce some of the health inequities experienced by people from Indigenous communities in the South Zone. Leadership meetings continued in Q3 with the Blood Tribe Department of Health, Aakom Kiiyii Health, and Piikani Prevention and Counselling Services.
- In Calgary Zone, work plan was developed in partnership with Alberta Health, the Federal Government, and the Stoney Nakoda Tsuut'ina Tribal Council. The Calgary Zone plan was finalized and unveiled at a celebration event in Q3. Implementation planning continues.
- In Central Zone, an engagement framework is in development. Engagement sessions with Indigenous communities will be the first step to joint priority setting and action planning. Traditional ceremonies, blanket exercises, and implicit bias education sessions are already occurring across the Zone.
- Edmonton Zone continued to develop an engagement framework. The framework will provide accessible, culturally appropriate, and safe health services for Indigenous peoples across the Zone and will be created in partnership with Indigenous peoples, communities, and key stakeholders (including the AHS Wisdom Council).
- In North Zone, an engagement framework is in development. Community profiles have been completed for seven First Nations communities and one Métis Settlement. Community profiles are co-developed and provide an overview of key leaders, characteristics, traditions, and services available in each community to promote understanding, communication, consistency, knowledge, and engagement with health service providers and the communities.

The [First Nations Cancer Prevention and Screening Practices](#) program supports First Nations communities to develop, implement, and evaluate comprehensive prevention and screening plans. Three pilot communities continued implementing initiatives like traditional sweat ceremonies led by project Elders, prevention and screening awareness events, and community walking groups. Planning commenced in Q3 to expand to three new communities.

The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network™ (SCN™) supports the improvement of the health of women and children through various initiatives.

- The [antenatal care pathway](#) supports rural communities by providing clinicians with up to date information, standards of care, decision making tools, and quick access to Alberta-based resources and supports.
- An acute care [neonatal abstinence syndrome \(NAS\) pathway](#) is in the final stages of development. The pathway supports babies of mothers who have been using opioids and other drugs. The guideline was completed in Q3 and implementation planning and education resource development commenced.

Initiatives that support the health of other vulnerable populations include:

- Using a multidisciplinary approach to community housing strategies, the [Safe Healthy Environments \(SHE\)](#) team provides outreach and support to improve housing safety. In Q3, Maskwacis Health Services, Indigenous Services Canada, and AHS collaborated on a radon detection project which has the potential to prevent radon related lung cancer disease, improve housing conditions on reserve, and deepen our relationship with Alberta's First Nation Communities.
- The [Government Assisted Refugee Program](#) in Edmonton Zone has seen great success with a high rate of new immigrants attached to a local primary care provider. 468 clients have been seen by the program this year. As of Q3YTD, 276 clients have attended first appointments with a family physician which is a 30% improvement compared to the same period last year (213).
- The [District Police and Crisis Team](#) in Calgary Zone provides clinical assessment and intervention for vulnerable individuals presenting to police with addiction and mental health concerns. As of Q3YTD, 73 new clients have engaged in the service.

All AHS staff are required to complete cultural sensitivity training. As of Q3YTD, 62% of staff have completed the basic training (increasing from 18% in the same period last year) and 53% of leaders and first responders have completed the more in-depth certificate program. In Q3, Indigenous awareness and sensitivity training became an accredited course with the College of Family Physicians and the College of Physicians and Surgeons. This allows physicians to earn continuing education credits for their participation while supporting AHS values.